

Indiana State Department of Health
Division of Chronic Disease Prevention and Control
Cardiovascular Health and Diabetes Section
Request for Proposals (RFP)

Funding Opportunity

The impact of cardiovascular disease on the general population cannot be overstated. It is the leading cause of death among adults in Indiana and the U.S. Stroke, which has cardiovascular origins, is close behind, ranking as the 4th highest killer among both Hoosiers and adults nationwide. **Death rates due to both heart attack and stroke in Indiana have consistently outpaced U.S. rates over the last ten years.**¹

The prevalence of hypertension in Indiana has increased by 20% in the last 5 years. In 2009, nearly one out of three Hoosiers (31%) reported having hypertension, or high blood pressure. Nearly 11% of Hoosiers who suffered heart attacks also had hypertension, and nearly 6% of stroke patients were hypertensive.² As explained in the Background section of this application, excessive sodium consumption has been closely associated with the development of hypertension.

The Indiana State Department of Health (ISDH), through the Division of Chronic Disease Prevention and Control's Cardiovascular Health and Diabetes Section, in conjunction with the Preventive Health and Health Services Block Grant by the U.S. Department of Health and Human Services, is pleased to announce the availability of funding to facilitate the development, implementation, and evaluation of community-level sodium reduction initiatives.

Award

Funding of up to \$20,000 is available for one or more local health departments and/or community coalitions to support community-wide sodium reduction strategies. Funds must be spent by March 28, 2014. Additional funding may become available in future years for the expansion of successful projects.

Eligibility

To be eligible, the applicant must:

- Be (1) a local health department (LHD) representing local city, county, district, or tribal communities, **OR** (2) a community coalition or action team representing the priority population identified in the proposal.
- Demonstrate the LHD or community coalition's commitment to the proposed effort, including how the project will collaborate with community partners from various local sources.

Additionally:

- Priority consideration will be given to communities that have not received funding via Steps, Racial and Ethnic Approaches to Community Health Across the United States, Pioneering Healthier Communities, Action Communities for Health Innovation & Environmental Change, Strategic Alliance for Health, or Communities Putting Prevention to Work. Visit www.cdc.gov/healthycommunitiesprogram/communities/index.htm and for a list of past and present awardees.
- Research projects will not be considered. For a definition of research visit: www.grants.gov/help/glossary.jsp#r.

Requirements

By virtue of applying, the applicant agrees to:

- Operate on a cost-reimbursement basis, accept electronic funds transfer (EFT), and be a registered vendor with the State of Indiana prior to billing for services;
- Submit monthly progress reports;
- Participate in pre-, mid-, and post-project meetings (in person or by phone) with Indiana State Department of Health personnel to evaluate progress;
- Share lessons learned with the Indiana State Department of Health and partners in promoting Cardiovascular Health and community-level sodium initiatives; and
- Commit to and participate in state or national evaluation activities throughout and beyond the funding period.

TIMELINE

Monday, August 27, 2012

Request for Proposals made available.

Tuesday, September 18, 2012

Technical Assistance call from 3-4 PM.

Friday, October 5, 2012

Completed applications must be received via electronic mail by close of business (5 PM).

Monday, October 15, 2012

Grantees will be notified via e-mail.

Friday, March 28, 2014

Grantee projects must be completed. All funds must be spent by this date. No extensions or carryover requests will be accepted.

Background

According to the Institute of Medicine, lowering sodium intake reduces blood pressure and the risk for heart disease and stroke.³⁻⁶ The U.S. Government's 2010 *Dietary Guidelines for Americans* recommend that adults, in general, should consume no more than 2,300 mg of sodium per day, while African Americans, people with hypertension, and middle-aged and older adults (about 70% of the U.S. population in all) are recommended to limit intake to a maximum of 1,500 mg per day.⁷⁻⁸ **However, average U.S. consumption of sodium for Americans aged 2 and older was more than 3,400 mg per day.**⁹

Reducing the national daily average intake of sodium to recommended levels could save tens of thousands of lives and an estimated \$18 billion in health care costs each year.¹⁰ However, most of the sodium we consume – more than 75% – comes from restaurant, prepackaged, and processed foods as opposed to home cooked meals.¹¹ That is to say, Americans, including Hoosiers, currently have very little control over the sodium content of many of the foods they regularly consume.

Based on this information, **funding is available for evidence-based or promising public health practices** effective in reducing sodium consumption at a population level. Applicants are encouraged to submit project proposals involving:

- 1) A **community-wide health-communications plan** to increase awareness of recommended maximum daily sodium intake and strategies to reduce sodium consumption. **Communications strategies may include** public service announcements, press releases, newspaper editorials, web/social media, etc. Projects relying upon distribution of printed materials and/or health fairs will not be considered.
- 2) **Additionally, applicant must select one or both of the following intervention strategies:**

- a. **Food procurement agreements** with food suppliers to **limit sodium content** of products provided to schools (public, private, or college/university), government worksites, or hospital systems; **AND/OR**
- b. **Labeling practices or strategies to promote lower sodium product selection:** for example, establish organizational practices to ensure restaurants and other food service entities develop or expand consumer labeling initiatives to include sodium. This may include point-of-purchase and/or menu labeling.

Criteria for Selection

ISDH will use the following criteria to review the applications. Please note that the criteria will be weighted according to the distribution of points given below.

- **Rationale/Problem Statement:** An explanation of the need to address sodium reduction within the applicant community through food procurement practices and/or menu labeling/product selection strategies. (10 points)
- **Readiness, Oversight, and Management:** A description of applicant readiness to address sodium reduction through food procurement, health communications, and menu labeling practices. Summarize leadership and management capacity and previous experience with population change through evidence-based public health practices. (10 points)
- **Implementation:** Fully describe a plan for intervention implementation. Identify interventions selected, including health communications strategies. Provide justification as to why these strategies are the best fit for the applicant's community. Identify key partnerships existing and needed for success of the initiative. Describe these partnerships and other collaborations which will ensure a collaborative approach in addressing community-wide sodium reduction, including letters of support from partnering organizations. Describe in detail the action plan for achieving successful implementation of the selected strategies. (40 points)
- **Evaluation Plan:** A description of how the activities will be evaluated (quantitative/qualitative, process/impact/outcomes) and identification of methodology. (20 points)
- **Sustainability:** A description of strategies to ensure sustainability of effort beyond the funding period. (10 points).
- **Budget Proposal:** Specification of resources (e.g., training, staff, other) available and needed to conduct this project. List of anticipated project expenditures and in-kind contributions. (10 points)
 - **Funding may NOT be requested for any of the following purposes:**
 - Research
 - Purchase of food/drink unless for teaching purposes
 - Purchase of clinical/patient care supplies
 - Provision of clinical/patient care services
 - Support of indirect costs (only direct costs will be considered for funding)

REFERENCES

- 1 Indiana State Department of Health (ISDH). Mortality Statistics, 2007.
- 2 Indiana State Department of Health (ISDH). Heart Disease and Stroke in Indiana Fact Sheet, 2011.
- 3 Bibbins-Domingo K, Chertow G, Coxson P, et al. Projected effect of dietary salt reductions on future cardiovascular disease. *N Engl J Med*. 2010; 362:590-599.
- 4 Jurgens G, Graudal NA. Effects of low sodium diet versus high sodium diet on blood pressure, rennin, aldosterone, catecholamines, cholesterols, and triglyceride. *Cochrane Database Syst Rev*. 2004; (1):CD004022.
- 5 He FJ, MacGregor GA. Effect of longer-term modest salt reduction on blood pressure. *Cochrane Database Syst Rev*. 2004;(3):CD004937.
- 6 Cutler JA, Follmann D, Allender PS. Randomized trials of sodium reduction: An overview. *Am J Clin Nutr*. 1997; 65(suppl 2):S643-S651.
- 7 U.S. Department of Health and Human Services, U.S. Department of Agriculture. *Dietary Guidelines for Americans 2010*. 7th Edition, Washington, DC: Government Publishing Office, December 2010.
- 8 Centers for Disease Control and Prevention (CDC). Application of lower sodium intake recommendations to adults—United States, 1999–2006. *MMWR Morb Mortal Wkly Rep*. 2009; 58(11):281-283.
- 9 Centers for Disease Control and Prevention. Sodium intake: Quantities and food sources in adults—United States, 2005–2006. *MMWR Morb Mortal Wkly Rep*. In press.
- 10 Palar K, Sturm R. Potential societal savings from reduced sodium consumption in the U.S. adult population. *Am J Health Promot*. 2009; 24(1):49-57.
- 11 Centers for Disease Control and Prevention (CDC). Get the Facts: The Role of Sodium in Your Food Fact Sheet, 2012.

APPLICATION FORM

Please use Arial 12 point font when responding to application questions. ISDH must receive your application via e-mail to ltheinri@isdh.IN.gov by 5 p.m. on **Friday, October 5, 2012.**

Applicant

Name of organization:

Division/Unit/Department:

Street address:

City/State/Zip:

Telephone:

FAX:

Contact person

Contact person (include job title):

E-mail:

Telephone with Direct Extension:

I. RATIONALE/PROBLEM STATEMENT (10 POINTS)

- a. What is the need for addressing sodium consumption within your community? In addition to data and statistics, include background information and community needs assessments results if available.
- b. To which sector of the community will efforts be focused (e.g. schools, government entities and/or worksites)? Describe anticipated benefit(s) to the community.

II. READINESS, OVERSIGHT, AND MANAGEMENT (10 POINTS)

- a. What experience does the applicant organization have with existing or previous chronic disease prevention and control activities within the community? If applicable, include specific examples of addressing organizational or public policy, systems or environmental change.
- b. Describe training and/or experience of lead personnel on issues related to hypertension, communications, and/or organizational policy and systems change.

- c. Describe successes that you and/or personnel, partners or coalition members have had with population-wide change. How will lessons learned from previous successes advance the success of reducing sodium consumption in your community?
- d. Provide an example of why you feel that your community and partnering organization(s) are ready for a sodium reduction initiative? Describe plans for engaging the community in organizational or population-wide policy, systems and environmental change strategies to reduce overconsumption of sodium.
- e. List any staff within your agency responsible for managing and overseeing public and private funding. What are the combined years of experience and/or formal training in management? As an attachment to this narrative, include CVs/resumes for each individual staff member that will be involved in this initiative.

III. IMPLEMENTATION (40 POINTS)

- a. Identify interventions selected, including health communications strategies. Provide justification as to why these strategies are the best fit for the applicant's community.
- b. Identify key partnerships existing and needed for success of initiative. Describe these partnerships and other collaborations which will ensure a collaborative approach in addressing community-wide sodium reduction. As an attachment to this narrative, include letters of support from organizations your agency has previously partnered with or plans to partner with on this initiative.
- c. In addition to above partnerships and collaboration, what current coalition exists, if any, that has addressed heart disease and/or stroke risk factors in your community? What assets would this coalition bring to the proposed community sodium reduction initiative?
- d. Describe in detail the action plan for achieving successful implementation of the health communications strategies.
- e. Describe in detail the action plan for achieving successful implementation of the organizational/public policy strategy selected.

IV. EVALUATION PLAN (20 POINTS)

What type of evaluation activities (process, impact, and/or outcome) will you apply? Please describe evaluation activities planned, including data measures you plan to collect along with collection methods. Include a strategy for analysis and dissemination of findings.

V. SUSTAINABILITY (10 POINTS)

How will you sustain efforts towards community sodium reduction beyond the funding period?

VI. BUDGET PROPOSAL (10 Points)

Grantees are required to submit a budget proposal to the Indiana State Department of Health (ISDH) detailing how the grantee intends to use the funding provided through the grant agreement. The purpose of the budget proposal is to prevent unallowable purchases from occurring and ensure that expenditures are reasonable and appropriate. The Supplies and Contractual categories for the initial budget request do not have to include itemization. Budget justifications should include a brief description of how the proposed purchases will be used. During the grant period, the grantee may request budget modifications by submitting a revised version of this template to Laura Heinrich at ltheinri@isdh.IN.gov.

Funding Restrictions

The following limitations must be considered:

- Recipients may not use funds for research;
- Recipients may not use funds for clinical care;
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual;
- Awardees may not generally use funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget;
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible; and
- Reimbursement of pre-award costs is not allowed.

*Please note that travel, mileage reimbursement, and per diem rates must be the same as State of Indiana accepted rates. Mileage is currently reimbursed at \$0.44/mile and per diem currently is \$26/day for in-state travel and \$32/day for out-of-state travel. Funded projects will be notified of any change in State reimbursement rates.

**Be sure to include any donations or in-kind services that will be used for this project in the budget justification narrative.

NOTE: Include the cost of each line item. Total all of the costs for each section in the blue fields below the line items and provide a cumulative total in the purple field below.

Applicant Name _____

Salary and Fringe: This Category includes full time or part time staff. Costs in this may include allocation of employee salary, health insurance, life insurance, and/or FICA for time worked on grant specific services and activities. Please list positions and estimated % of work for the whole grant period and estimated applicable cost. Temporary contract personnel should be included in the Contract category below.

Title of Person	Duties	Salary & Fringe

Salary and Fringe	TOTAL \$ _____
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Services Other than Personnel: This category typically includes expenditure for operational expenses or services that do not require a formal contract such as cellular phone service, postage, printing services, and short- term space rentals.

Service Description	Cost

Services Other than Personnel	TOTAL \$ _____
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In-State Travel: All travel costs will be reimbursed in accordance with the IDOA (<http://www.in.gov/idoa/2459.htm>) travel policy unless the grantee’s travel rules are more stringent or reimbursement rates are lower. Please note that the maximum mileage reimbursement rate, effective May 1, 2011, is \$0.44 per mile.

Travel Description	Cost

In-State Travel	TOTAL \$ _____
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Materials and Supplies: This category includes those products and materials that are typically used within a relatively short period of time and are necessary for program delivery.

Item Description	Cost

Materials and Supplies	TOTAL \$ _____
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Contractual costs: Includes all payments made for services rendered under a contractual agreement or temporary staffing agreement including labor, materials, travel or other costs paid to a 3rd party to complete services on behalf of the grantee.

Vendor Name:	
Service Description:	
Completion Criteria:	
Service Dates:	
Contract Amount:	

Contractual costs	TOTAL \$ _____
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If you have any in-kind services, materials, or donations to include, please list them below, along with their estimated costs. Extend the table as needed.

In-Kind services, Materials, Donations: (Description)	Estimated Costs

TOTAL Budget Request	TOTAL \$ _____
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Please address all inquiries about this RFP to ltheinri@isdh.IN.gov and msinghal@isdh.IN.gov. Applications are due via e-mail to ltheinri@isdh.IN.gov by 5 PM on Friday, October 5, 2012.

Thank you for applying to the Indiana State Department of Health. We appreciate your commitment to improving the health of Indiana's citizens.